



69th Warfighter Competition Registration Form (Primary Team)

Team Leader

Name: _____ Rank: _____ Sex: _____ T-Shirt Size: _____ Gov Credit Card: _____
(Last, First, MI)

Home Town (DD 2266): _____ DTS (1610): _____ Travel Dates: _____/_____/_____
(Arrival/return)

Team Member

Name: _____ Rank: _____ Sex: _____ T-Shirt Size: _____ Gov Credit Card: _____
(Last, First, MI)

Home Town (DD 2266): _____ DTS (1610): _____ Travel Dates: _____/_____/_____
(Arrival/return)

Team Member

Name: _____ Rank: _____ Sex: _____ T-Shirt Size: _____ Gov Credit Card: _____
(Last, First, MI)

Home Town (DD 2266): _____ DTS (1610): _____ Travel Dates: _____/_____/_____
(Arrival/return)

Chain Of Command/Inventoried packing List

CSM: _____ E-Mail Address: _____ Commercial Phone: _____

1SG: _____ E-Mail Address: _____ Commercial Phone: _____

SPONSOR: _____ E-Mail Address: _____ Commercial Phone: _____

Unit Address: _____

Medical Problems: _____
(I.E. cold/heat/allergy/wasp/bees)

Equipment Request/Problems: _____



Name: _____ Rank: _____ Sex: _____ T-Shirt Size: _____ Gov Credit Card: _____
 (Last, First, MI)
 Home Town (DD 2266): _____ DTS (1610): _____ Travel Dates: ____/____POV/AIR: ____
 (Arrival/return)

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